## 10050514144

FEC FORM 1

## STATEMENT OF ORGANIZATION

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(See instructions)

Office use only

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1.	NAME OF COMMITTEE (in fo	ıll)		(Check if name is changed)		nple: If typying, type the lines	12FE4M	5	
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ADDRESS (number and street)			228 S. Washington St., Ste. 115						
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					CITY		STATE	ZIP C	ODE 📥
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)									
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COMMITTEE'S WEB PAGE ADDRESS (URL)									
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2. DATE M M / D D / Y Y Y Y Y  3. FEC IDENTIFICATION NUMBER  C									
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)									
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete									
Type or Print Name of Treasurer  Lisa Lisker									
Sigr	nature of Treasurer	Electron	nically File	by Lisa L	sker (		Date	2 87	2010
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS									
	Office					For further Information		FEC F	OPM 1
	Use Only					Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	ssion		02/2009)